

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		3				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17		4				
18		4				
19		4				
20		4				
21		4				
22		4				
23		4				
24	1					
25	1					
26	1					
27		7				
28		7				
29		7				
30		7				
31		7				
32		7				
33		7				
34		7				
35		7				
36		7				
37		7				
38		7				
39		7				
40		7				
41		7				
42		7				
43		7				
44		7				
45	1					
46		4				
47		4				
48		4				
49		4				
50		4				
TOTAL IND.	11					
TOTAL DEP.		261				
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	4				
52		4				
53		4				
54		4				
55		4				
56		4				
57	1	4				
58		4				
59		4				
60		4				
61		4				
62		4				
63	1					
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS